

WITNESS REPORT OF INJURY

Name (First, Middle Initial, Last)		Job Title	
Name of Injured Employee		Date of Injury (Mo/Dy/Yr)	Time of Injury
Location Where Injury Occurred (Site Name, Street Address and Area of Incident)			
Describe What You Saw			
Do You Know What Caused The Injury/Incident?			
What Could Have Been Done To Prevent The Injury?			
<i>This is an accurate statement in my own words describing this incident.</i>			
Print First and Last Name		Signature and Date	